

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILIO		AFFIDITY ALZHOENT		AFFIDITY ALZHOENT	
	CID	DEP	CID	DEP	CID	DEP
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TOTAL IND.	3					
TOTAL DEP.	158					
TOTAL CLAIMS	161					

	AD FILIO		AFFIDITY ALZHOENT		AFFIDITY ALZHOENT	
	CID	DEP	CID	DEP	CID	DEP
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TOTAL CLAIMS						